

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO:

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	2					
17	2					
18	1					
19	1					
20	1					
21	1					
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45						
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	22	1				
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						